

**If you have multiple dumpsters, please list how many you have and what each dumpster is for; also, if applicable, the location of each dumpster.*



TOWN OF ANDOVER MASSACHUSETTS

Board of Health

(978-623-8640)
36 Bartlet Street
Andover, MA 01810

Town Offices
36 Bartlet Street
Andover, MA 01810
www.andoverma.gov

For Office Use Only

Date: _____

Authorization: _____

Permit Number: _____

Fee: **\$100.00 (Each Dumpster)**

APPLICATION FOR LICENSE

Date: _____ Type of License Requested: DUMPSTER (Yearly)

Name of Applicant: _____

Applicant Address: _____

Name of Business Where Dumpster is Located: _____

Business Address Where Dumpster is Located: _____

Business Phone: _____ Additional Phone: _____

E-mail Address: _____

If a Partnership or Corporation please list names, titles and addresses of all officers

Signature(s) of Applicant(s): _____

* List multiple Dumpsters on other side 

[illegible]